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PTO/SB/01 (12-97)

Approved for use through 9/30/00. GMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		P00472-US1
First Named Inventor		Kevin A. McCullough et al
COMPLETE IF KNOWN		
Application Number		
Filing Date		
Group Art Unit		
Examiner Name		

As a below named Inventor, I hereby declare

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THERMALLY CONDUCTIVE AND HIGH STRENGTH INJECTION MOLDABLE COMPOSITION

the specification of which
 is attached hereto
OR
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(d) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
60/218,000	7/1/00	<input type="checkbox"/>

[Page 1 of 2]

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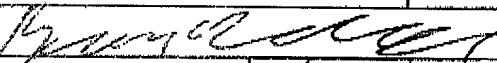
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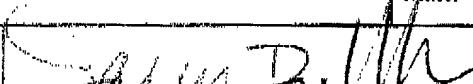
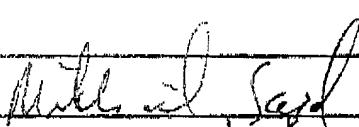
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DECLARATION—Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States as a named in the manner provided by the first paragraph of 35 U.S.C. 111, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which become available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)						
+ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:								
<input checked="" type="checkbox"/> Customer Number 3017 <input type="checkbox"/> Place Customer Number Bar Code Label here <input type="checkbox"/> OH <input type="checkbox"/> Registered practitioner(s) name/registration number listed below								
Name	Registration Number	Name	Registration Number					
+ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.								
Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label 3017 <input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below						
Name Address Address City State ZIP Country Telephone Fax								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)		Family Name or Surname						
Kevin A.		McCullough						
Inventor's Signature				Date	7/9/01			
Residence City		N. Kingstown	State	RI	Country	RI	Citizenship	US
Post Office Address		61 Candlewood Drive						
Post Office Address								
City	N. Kingsto	State	RI	ZIP	02852	Country	US	
<input checked="" type="checkbox"/> Additional inventors are being named on the		<input type="checkbox"/> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
James D.				Miller			
Inventor's Signature					Date		7/10/01
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Post Office Address							
City	Marietta	State	GA	ZIP	30062	Country	US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
L. Mikhail				Sagal			
Inventor's Signature					Date		7/9/01
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Post Office Address							
City	Warwick	State	RI	ZIP	02886	Country	US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence, City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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